

CLAIMS ONLY

Application Number:

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1	/						51					
2		/					52	/				
3		/					53					
4		/					54					
5		/					55					
6	/						56					
7		/					57					
8	/						58					
9	/						59					
10	/						60					
11							61					
12							62					
13							63					
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42			/				92					
43			/				93					
44			/				94					
45			/				95					
46			/				96					
47			/				97					
48			/				98					
49			/				99					
50			/				100					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					